


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 01 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005033 (3)**  
 1. Corporation Name  
**SCOTT BROKERAGE COMPANY, INC.**



Principal Place of Business <b>770 GULF SHORE DR. UNIT 1003 DESTIN FL 32541</b>	Mailing Address <b>770 GULF SHORE DR. UNIT 1003 DESTIN FL 32541</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/01/1996</b>		
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	26. City & State	4. FEI Number <b>58-1482634</b>	Applied For Not Applicable	
23. Zip	24. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>MCGILL, ROBERT E III</b> <b>743 HWY 98 E.</b> <b>DESTIN FL 32541</b>				81. Name		
				82. Street Address (P.O. Box Number is Not Acceptable)		
				83. City		
				84. City	<b>FL</b> 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, RONALD F</b>	1.2 NAME	
STREET ADDRESS	<b>770 GULF SHORE DR, UNIT 1003</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VCST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCOTT, ANITA F</b>	2.2 NAME	
STREET ADDRESS	<b>770 GULF SHORE DR, UNIT 1003</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Ronald F. Scott Pres.* **3/26/98 850-6507719**

CR2E034 (10/97)